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ABSTRACT

Facts and resources about suicide and the effects on friends and relatives (survivors) of persons who have committed suicide are offered to help counselors learn how to work with the survivors. Estimates are presented of the annual number of suicides and survivors along with a discussion of the importance of providing services for survivors. To help counselors become knowledgeable about suicide, the facts regarding nine common myths about suicidal characteristics and behavior are given. A list of 20 guidelines for counselors that have been developed by survivors are offered. The guidelines are concrete examples of behaviors and attitudes that survivors have found useful and supportive. A bibliography is included which cites two references and 27 additional resources on suicide and survivors. (DC)

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SUICIDE: TRAINING COUNSELORS TO WORK WITH THE SURVIVORS

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Abstract

Suicide is the cause of significant mental health concerns for a large number of individuals in the United States today. Suicide triggers a complex of negative thoughts, feelings, and behaviors on the part of those individuals who are left behind after the suicide death. The mental health profession must be able to recognize the needs of this population of clients before adequate intervention strategies can be implemented. Some of the myths and facts surrounding suicide in our culture are discussed. Special guidelines are offered to the counselor who will be working with the survivor of suicide. And finally, a listing of the basic informational resources necessary to work with the survivors is provided.

Suicide: Training Counselors To Work With The Survivors

There are approximately 30,000 suicides every year in our country (National Center for Health Statistics, 1981). These suicides occur among the highly educated and the uneducated, among the rich and the poor, among men, women and children, among the young and the old, among the unemployed and the employed, and even among the healthy and the ill. These suicide deaths were the final act of a person who was experiencing severe affective pain and distress. They could have and probably did seek help from trained and untrained professionals and/or friends. Their anguish and difficult struggle with life and its inherent difficulties is over with their suicide. The affective distress, grief, anguish, anger, resentment, guilt, questioning and confusion is just beginning for those left behind in the aftermath of a suicide. These are the survivors of suicide and there is a growing recognition among professional counselors that their unique mental health needs are often inadequately being recognized and met.

There are no reliable estimates of the number of survivors of suicide that exist in our country today. We believe that if a conservative estimate is made, of five close others affected by the loss of another to suicide, there are approximately 150,000 survivors of suicide a year in the U.S. who are in need of support during a very traumatic period of adjustment in their lives. This figure only represents one year. This figure is conservative. There are hundreds of thousands of survivors from previous years, who are just this year getting in touch with many of the difficult feelings of suicidal bereavement that they have denied for a year, two years,

a decade or more. Suicide in our country is a significant health and mental health issue. Suicide as a leading cause of death (National Center for Health Statistics, 1981) ranks as follows:

persons age 5-14 - 8th
persons age 15-24 - 3rd
persons age 25-44 - 4th
persons age 45-64 - 7th

Most professionals today recognize this as a serious mental health concern for the suicidal individual. But what of those significant others left behind? Their number is at least five times as great in a single year as the number who commit suicide and many of these survivors have been unaware of assistance in dealing with this issue for several decades. Who is meeting their needs? Who is prepared to limit the impact of a particularly toxic form of death on their lives and emotional well being? Unfortunately, until recently, the answer in most communities in the U.S. was: No one!

There are a number of reasons why this lack of recognition and attention has been true in the past. Suicide is a socially taboo topic and individuals, professionally trained or not, avoid discussing it whenever possible. Suicide, and the bereavement of a survivor of suicide is almost never a required part of a professional counselor's training. Many effective intervention approaches have, until recently, threatened many helping professionals. And finally, it is an area in which even the victims avoid open discussion out of a fear of personal rejection and/or persecution for their association with the suicidal individual.

Meeting the psychological survivorship needs of these individuals is critical and we have discussed these needs previously (Bernhardt and Praeger, 1984). The specific knowledge and skills, which we believe a counselor or an individual in the helping professions should possess, is the focus of the remainder of this article.

Becoming Knowledgeable about Suicide

Survivors of suicide are quite knowledgeable about suicide. There seems to be some catharsis and comfort in trying to understand and in reading about a very taboo topic in our culture. It answers some of the unanswered questions that survivors have about themselves and what the suicidal individual was going through. Because of this obsession for information about suicide, counselors who assist survivors must be extremely knowledgeable about suicide themselves, so that the survivor might place their confidence in them as helpers. Although not exhaustive, the following list of suicide myths and facts is a useful starting point in the counselor's acquisition of knowledge in this critical area.

Suicide Myth - Suicide Facts

Myth - people who talk about suicide do not commit suicide.

Fact - Of any ten persons who kill themselves, eight have given definite warnings of their suicidal intentions.

Myth - Suicide happens without warning.

Fact - Studies reveal that the suicidal person gives many clues and warnings regarding their suicidal intentions.

Myth - Suicidal persons are fully intent on dying.

Fact - Most suicidal persons are undecided about living or dying, and they gamble with death, leaving it to others to save them. Almost no one commits suicide without letting others know how they are feeling.

Myth - Once a person is suicidal they are suicidal forever.

Fact - Individuals who wish to kill themselves are suicidal only for a limited amount of time. For some this can be a reoccurring concern.

Myth - Improvement following a suicidal crisis means that the suicidal risk is over.

Fact - Most suicides occur within about three months following the beginning of improvement, when the individual has the energy to put their morbid thoughts and feelings into effect.

Myth - Suicide occurs much more often among the rich, or, conversely, among the poor.

Fact - Suicide is neither a rich person's disease nor a poor person's curse. Suicide is represented proportionately among all levels of society.

Myth - Suicide is inherited and runs in the family.

Fact - Suicide does not run in families. It is an individual pattern. Survivors in the family often feel guilty, however, and occasionally a family member may imitate another member's suicide.

Myth - All suicidal persons are mentally ill and suicide is always the act of a psychotic person.

Fact - Studies of hundreds of genuine suicide notes indicate that although the suicide person is extremely unhappy, they are not necessarily mentally ill.

Myth - Children are too young or not mentally capable of suicide.

Fact - Recent studies show that although young children do not understand the irreversibility of death, most suicidal children want to die, and know that they are attempting death at the time of their attempt(s).

Guidelines for the Helping Professional

Survivors have had to work through a complex of negative thoughts, feelings and behaviors after the loss of a significant other to suicide. The long struggle which they went through, alone and with others, has taught them some very hard lessons. Some survivors have recently been fortunate enough to find a survivor's support group which has been an aid in their time of need. Through the interaction with others, through reading, through self-introspection and through careful thought on the experiences that they have encountered, survivors have offered many very useful, practical and insightful suggestions to the helping professional in their counseling and treatment of the survivors.

Survivors of Suicide Guidelines for Counselors

1. Keep a close, long-range watch on the effects of medication and alcohol.
2. Make sure the client and family are aware of the side effects of medication.
3. Arrange for family counseling for a hospitalized patient who is suicidal.
4. Organize group counseling, in the hospital and after dismissal.
5. Know where to refer your depressive and suicidal people. Do not assume you know how to successfully treat them without prior training in this area.
6. Suggest helpful reading materials to a potential suicider and their family.
7. Be aware of self-help groups that are available.
8. Keep in touch with a surviving family. They need support, but often will not know how to ask for it.
9. Go to the survivors, do not wait for them to come to you.
10. Include family and friends in decisions about a survivor if possible.
11. If a client completes suicide, and it is your responsibility to notify the family, do so in person, not by a phone call.
12. Offer the survivor an opportunity to express anger, rejection, hurt and other negative emotions.

13. Educate yourself about suicide and its effect on others.
14. Educate yourself on the resources available for suicidal persons.
15. Allow the family and friends to experience their grief. When you try to "protect" them, you are doing them a disservice.
16. Encourage your profession to include material on death, dying and suicide in educational programs.
17. Try not to leave the person alone after they have been notified of a suicidal death.
18. React to the survivors truthfully, but do not blame them.
19. React to the survivors' feelings, for example they may be expressing anger by finding fault with your intervention; do not be defensive and react personally.
20. Know how to start a self-help group for survivors in your area, if none currently exists.

Remember that the guidelines cited above were generated by survivors themselves. These are not theoretical suggestions, but concrete examples of behaviors and attitudes that survivors have found useful and supportive.

Psychological Aspects of Survivorship: Resources

We have mentioned that there is a need for the professional to be knowledgeable in the area of suicide and its impact on the survivor. There are a variety of resources which are available to the professional. At the end of this article you will find a listing of the resources which we believe represents a baseline of knowledge from which a counselor could

reasonably expect to practice and be helpful with a survivor of suicide. There are additional resources available, but these are more obscure and would become known to the counselor as they utilized the resources presented here.

Summary

The significance of suicide as a mental health issue was presented and the nature of the issues, problems, and concerns experienced by the survivors of suicide were discussed. A rationale for why this group of individuals are not being assisted by the helping professions was offered. The information and knowledge necessary to work with survivors was presented in the form of a variety of popular myths and reputed with the actual facts about the issue presented. Twenty guidelines generated by survivors themselves were presented for the counselor's information. And finally, a listing of resources necessary for working with survivors was presented.

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